

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12362

State File No.

2944

FILED APR 4 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS				c. CITY (If outside corporate limits, write RURAL and give township) Clayton 4502			
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL				d. STREET ADDRESS (If rural, give location) 1149 South McKnight Road			
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) HENDIN c. (Last) STEINBACH				4. DATE OF DEATH (Month) (Day) (Year) March-17-1953			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug-14-1904	
9. AGE (In years last birthday) 48		10. MONTHS 7		11. DAYS 3		12. HOURS Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Ben Hendin				13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE Ben Steinbach							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. No			
17. INFORMANT'S SIGNATURE OR NAME Mr. J. Steinbach-7420 Cromwell				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal carcinomatosis Antecedent Causes Carcinoma of Colon Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION Jan 1952				19b. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? 153X							
22. I hereby certify that I attended the deceased from Jan 1952, to March 16, 1953, that I last saw the deceased alive on 3/16, 1953, and that death occurred at 3:40 p.m., from the causes and on the date stated above.							
23a. SIGNATURE J. E. Gruninger M.D. (Degree or title)				23b. ADDRESS 4500 Olive			
23c. DATE SIGNED 3/17/53							
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal				24b. DATE 3/19/53			
24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo			
DATE REC'D BY LOCAL REG. MAR 18 1953				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindskopf, Inc., 5216 Delmar			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No. 3880

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.